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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB06)					Application Number 10/552,521			Filing Date 07 October, 2005			To be Mailed		
					Applicant(s) GRAINER ET AL.					Page 1 of 1			
							* May be	used for addi	tional claims	or amendm	ents		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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7	x				$\overline{}$		57		<b>—</b>		-		
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10	x						60						
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Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Claims | Cla se process par approximents. connectmently is governed by 50 U.S.C. 122 and 37 CFR [1.14. This collection is estimated to take 12 minutes to complete, including guidering, preparing, and solutioning the complete dapplication from the UNFPO. Time will yave depending upon the individual case. Any comments on the amount of the you require to complete this form and/or suggestions for roducing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22313-1459, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.